

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 12/09/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 12/11/2007						
		FINANCIAL PAYER: NCDHHS						
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	8534	1545	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8535	152	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	1933	1933	0
		191	18	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	27	27
3404910	PATHWAYS	8505	192	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	54	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	322	4349	4027
		8800	33	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTY ENTAL HEALT	8599	10	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	6	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	24	1649	1625
		191	4	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	8505	4593	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	1354	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	6250	6548	298
		8508	108	CLAIM DENIED NO BUDGET FOUND				
3404916	CROSSROADS BEHA VIOAL HEAL	8505	309	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		79	30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	349	1621	1272
		8654	4	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404917	CENTERPOINT HUM AN SERVICES	8505	84	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	27	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	153	5269	5116
		23	10	SERVICE REQUIRES PRIOR APPROVAL				
3404919	GUILFORD CO MEN TAL HEALT/HC	8505	5611	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8508	662	CLAIM DENIED NO BUDGET FOUND	0	6858	7981	1123
		8800	412	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404920	ALAMANCE CASWEL L AREA MH D	3413	70	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		79	22	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	131	10170	10039
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8654	12	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
		8535	10	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	28	130	102
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	21	205	DUPLICATE OF CLAIM-SYSTEM				
		8800	34	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	270	769	499
		8505	27	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404923	FIVE COUNTY MH	8505	2407	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	1261	CLAIM DENIED NO BUDGET FOUND	0	4100	4328	228
		8800	394	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	5984	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	985	CLAIM DENIED NO BUDGET FOUND	5	7733	7846	113
		8800	419	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	23	283	SERVICE REQUIRES PRIOR APPROVA L				
		8536	190	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	4	1206	3795	2589
		8599	178	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	57	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	35	DUPLICATE OF CLAIM-SYSTEM	0	210	1427	1217
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	8505	354	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	229	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	20	912	2416	1504
		8536	117	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1613	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	295	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2015	10567	8552
		191	32	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEALTH	8534	333	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	208	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	989	2040	1051
		8535	145	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	3411	5	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	3	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	10	4120	4110
		8654	2	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404939	EAST CAROLINA B BEHAVIORAL H	8599	191	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	60	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	412	3159	2747
		8537	19	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404941	EAST CAROLINA B BEHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B BEHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTAL HEALTH CTR	8535	61	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		8564	8	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	4	105	847	742
		79	6	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMAN SERVICES	8536	4	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	2	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	11	5263	5252
		79	2	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREA MENTAL HEALTH	191	4	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
		8518	2	*CLAIM DENIED. SUBMITTED BEYOND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	0	6	339	333